

STATE OF TENNESSEE

Office of Vital Records

Amended by Affidavit on 3/7/2017 - pdh

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH		STATE FILE NUMBER 2016 068466
1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Gary Wayne Crisp		2. SEX Male
3. DATE OF DEATH (Month, Day, Year) December 28, 2016		7. BIRTHPLACE (City and State or Foreign Country) Morehead, KY
4. TIME OF DEATH (Approx.) 6:00	5a. AGE - Last Birthday (Years) 68	5b. UNDER 1 YEAR Months 0
5c. UNDER 1 DAY Hours 0 Minutes 0		6. DATE OF BIRTH (Month, Day, Year) June 18, 1948
8a. PLACE OF DEATH (Check only one) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other resident <input type="checkbox"/> Other (Specify):		
8b. FACILITY NAME (If not institution, give street and number) 124 Dave Drive		
8c. CITY OR TOWN Clarksville		
8d. COUNTY OF DEATH Montgomery 63		
9. MARRITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		
10. SURVIVING SPOUSE (If wife, give name prior to first marriage) Sharon Johnson		
11a. DECEDENT'S USUAL OCCUPATION Soldier		
11b. KIND OF BUSINESS/INDUSTRY U.S. Army		
12. SOCIAL SECURITY NUMBER 402-70-2050		
13a. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		
13b. COUNTY Montgomery		
13c. CITY OR TOWN Clarksville		
13d. STREET AND NUMBER 124 Dave Drive		
13e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
13f. ZIP CODE 37042		
14. WAS DECEDENT EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input checked="" type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MDiv, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		
16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify): <input type="checkbox"/> Unknown		
17. DECEDENT'S RACE (Check one or more races to indicate decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Unknown		
18. FATHER'S NAME (First, Middle, Last) Arnold Crisp		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Bessie Ison
20a. INFORMANT'S NAME Sharon Crisp		20b. RELATIONSHIP TO DECEDENT Wife
20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 124 Dave Drive Clarksville, TN 37042		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify):		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Clarksville Cremation Center
21c. LOCATION - City or Town, State Clarksville, TN		
22a. SIGNATURE OF FUNERAL DIRECTOR Ed Larson		22b. LICENSE NUMBER 3412
22c. SIGNATURE OF EMBALMER Lance Derrick Powell		22d. LICENSE NUMBER 6935
23a. NAME AND ADDRESS OF FUNERAL HOME McReynolds-Nave & Larson Funeral Home, 1209 Madison Street, Clarksville, TN, 37040		23b. LICENSE NUMBER OF FUNERAL HOME 430
24. SIGNATURE OF REGISTRAR John J. Dreyzehner		25. DATE FILED (Month, Day, Year) December 30, 2016
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		
27a. SIGNATURE OF CERTIFIER Paul D. Hall		
27b. LICENSE NUMBER TN 34497		
27c. DATE SIGNED (Month, Day, Year) 12-30-16		
27d. NAME AND ADDRESS ...		
28. PART I. Enter the <u>IMMEDIATE CAUSE</u> (diseases, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Respiratory arrest Pneumonia Multisystem organ failure COPD, Degenerative joint disease		
29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
29a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		
31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		
32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		
33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):		
34a. DATE OF INJURY (Month, Day, Year) 12-28-16		
34b. TIME OF INJURY 10:00 PM		
34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
34d. PLACE OF INJURY-at home, farm, street, factory, office, building, etc. (Specify) Home		
34e. DESCRIBE HOW INJURY OCCURRED Slipped on stairs		
34f. LOCATION OF INJURY (Street and Number, City or Town, State) 124 Dave Drive, Clarksville, TN 37042		

PH-1059 (Rev. 10/2011)

RDA-1399

Crisp v. C.R. Bard, Inc., et al

Exhibit A

USDC Arizona Case No. 16-CV-04397-PHX-DGC

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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Lori B. Ferranti, PhD, MSN, MBA, RN
State Registrar/Asst. Commissioner

John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER

Date Issued

MAR 08 2017

CERTIFICATION OF VITAL RECORD



Jacqueline F. Haynes, Deputy Registrar
Montgomery County

Jacqueline F. Haynes

